Sorrento Therapeutics, Inc.

Form 4

October 31, 2013

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

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OMB APPROVAL

response...

if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Last)

(City)

(Instr. 3)

(Print or Type Responses)

1. Name and Address of Reporting Person * VINCENT RICHARD G

2. Issuer Name and Ticker or Trading Symbol

Sorrento Therapeutics, Inc. [SRNE]

5. Relationship of Reporting Person(s) to

Issuer

3. Date of Earliest Transaction

(Check all applicable)

C/O SORRENTO THERAPEUTICS, 10/29/2013

(First)

(Middle)

(Zip)

(Month/Day/Year)

_X__ Director 10% Owner Other (specify X_ Officer (give title below)

INC., 6042 CORNERSTONE CT.

(Street)

(State)

WEST, SUITE B

Executive Vice President & CFO

6. Individual or Joint/Group Filing(Check

4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

Person

SAN DIEGO, CA 92121

1. Title of 2. Transaction Date 2A. Deemed Security

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership Securities Form: Direct Beneficially Owned (I) (Instr. 4) Following

7. Nature of Indirect (D) or Indirect Beneficial Ownership

(Instr. 4)

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Conversion 3. Transaction Date 3A. Deemed (Month/Day/Year) Execution Date, if

5. Number of TransactionDerivative

6. Date Exercisable and **Expiration Date**

7. Title and Amount of **Underlying Securities**

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Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	•	Code (Instr. 8)	Securities Acquired (A) Disposed of ((Instr. 3, 4, ar 5)	or (D)	(Month/Day/Year)		(Instr. 3 and 4)	
			Code V	(A) ((D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Stock Options	\$ 8.4	10/29/2013		A	100,000	<u>(1)</u>	10/29/2023	Common Stock	100,000	

Reporting Owners

Reporting Owner Name / Address	Relationships					
coporting of marinimator, reduced	Director	10% Owner	Officer	Other		
VINCENT RICHARD G C/O SORRENTO THERAPEUTICS, INC. 6042 CORNERSTONE CT. WEST, SUITE B SAN DIEGO, CA 92121	X		Executive Vice President & CFO			

Signatures

/s/ Richard
Vincent

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) 40,000 options vest immediately upon grant. 20,000 shares vest upon the closing of one or more strategic transactions by March 31, 2014, or such options will expire. With respect to the remaining 40,000 shares, 1/4 of the original number of shares subject to the option shall vest on October 1, 2014 and 1/48 of the original number of shares subject to the option shall vest following each one month period of service thereafter, subject to the reporting person's continued service to the Company through each such vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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